Case 2:06-cv-00133-MEF-CSC

Documen**E-Xh Fleir b**2/1**0**/2006 Page 1 of 2

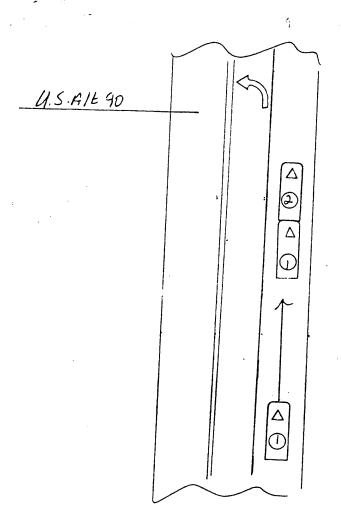
FLORIDA : RAFFIC CRASH REPORT
NARRATIVE/DIAGRAM
MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTION VEHICLES TRAFFIC CRASH

DO NOT WRITE IN THIS SPACE

RECORDS SECTION, NEL KIRKMAN BUILDING, TALLAHASSEE, FL 3239					Luciareca	SH REPORT	MINIBED
TIME EMS NOTIFIED (FATALITIES ONLY) TIME EMS ARRIVED (FATALITIES ONLY)	DATE OF CRASH C	OUNTY / CITY CODE	INVEST. AGENCY RE			sakeroki 4 フダ	
—	09 04 03		02:39-13	353-07	///	/ / /	(C)
	(NARRA)	TIVE)					
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			0 1	to hea	vu tra	ffic	_
Vch.# 2 traveling east o	o u.s. Alt Y	o, Stoppe	2 440	10 110 3	3		
ahead Vehitt treveling failed to stop before	e east and	approach	ing Vch	#2 fro	M the	reas	-
ahead vent)	1 1	<i></i>	. 14.1	Ċ	<u>_</u>	,
failed to stop before	Colliding w	ith veh.	<u>-3.</u>	1ch. 1 s	tru	1	
, , , H	J						
Struck Vch #2's rear	·						
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		CITY & STATE	ZIP CODE	DATE OF BIRTH RA	CE SEX LOC	INJ S.	EQUIP. EJECT.
SEC# PASS# PASSENGER'S NAME CURRENT ADD	RESS £) and a late	7/2/				2 /
11 Eloise Smith 3337 74	MShip Lane 10	CITY & STATE	ZIP COOE	03 -15-47 C	CE SEX LOC	INJ S.	EQUIP. EJECT.
SEC# PASS# PASSENGER'S NAME LOISC Sm. th 3337 Tq SEC# PASS# PASSENGER'S NAME CURRENT ADD CURRENT ADD CURRENT ADD CURRENT ADD CURRENT ADD CURRENT ADD CURRENT ADD	~ 36/2 Mah	1 Al 360	51	DATE OF BIRTH RA	F3	12	
SEC# PASS# PASSENGER'S NAME CURRENT ADD	RESS	CITY & STATE	ZIP CODE	DATE OF BIRTH RA	CE SEX LOC	INJ S.	EQUIP. EJECT.
	_			DATE OF BIRTH RA	- FEY 1.00	10/1 6	ECHIP FETT
SEC# PASS# PASSENGER S NAME CURRENT ADD	RESS	CITY & STATE	ZIP CODE	DATE OF BIRTH IN	LE SEX ILCC	3.	T Des
		CITY & STATE	ZIP CODE	DATE OF BIRTH RA	CE SEX LOC	INJ S.	EQUIP. EJECT
SEC# PASS# PASSENGER'S NAME CURRENT ADD	RESS	CITT & STATE	2. 0002				
CURRENT ADI	DRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH IN	CE SEX LOC	INJ S	EQUIP. EJECT.
SEC# PASS# PASSENGER 'S NAME CURRENT ADD	INC30					<u> </u>	
SECTION# NAME DE VIOLATOR	FL STATUTE NUMBER		CHARGE	<u> </u>		CITAT	ION NUMBER
SECTION # NAME OF VIOLATOR FL STATUTE NUMBER SECTION # NAME OF VIOLATOR FL STATUTE NUMBER						1	
SECTION# NAME OF VIOLATOR	FL STATUTE NUMBER		CHARGE			CITAT	ION NUMBER
101/2							ZIP COCE
WITNESS, NAME (1) CURRENT ADDRESS CITY	& STATE ZIP COCE	WITNESS NAME (2)	CURRE	NT ADDRESS	CITY &	STATE	ZIP COCE
Nonc		DED TAKENTO		BY - NAME			
FIRST AID GIVEN BY - NAME 1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer							
ESCAMBIA EMS4 Certified 1st Aider 5. Other	F NO , THEN W	HY? DATE OF REPORT	PROTOS	7-40:	IE Y	S. BY WHO	A?
11111231341641	YES Z	09 04	02 TAKEN	1. YES 2 NO	1. IN 2. O	VESTIGATING THER	لا
LUADE AT SCENES 2 NO 1/1 COMPLETE?		DEPARTMENT	,- <u>-</u>			FHP SO	PD OTHER
To In I Putaro	1947-0851					AL	
HSMV.90005 (Rev. 1/02)	Page 3	or 4					

DIAGRAM





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